

Michigan Department of Education
Food Allergy Guidelines for Michigan Schools

Preface

Food allergies present an increasing challenge for schools. A food allergy can be a trigger for a severe, life-threatening allergic reaction, or anaphylaxis. The risk of anaphylaxis should be considered for any student that has a diagnosed food allergy.

To effectively manage food allergies and the risks associated with these conditions, school staff and parents must come together to develop a comprehensive Food Allergy Policy at the local school district level. This plan should include strategies and actions needed to manage food allergies in schools, and reinforce the efforts of each school to create a safe learning environment for all children. All staff members play a part in protecting the health and safety of children with chronic conditions. These staff members include administrators, secretarial support, school nurses, food service professionals, counselors, bus drivers, classroom and specialty teachers, athletic coaches, playground monitors, and field trip chaperones.

The Michigan Department of Education (MDE) encourages school districts to have a Food Allergy Policy and it is the intent of these guidelines to help facilitate development of a local school district policy. The following priority areas should be addressed when local school districts develop their district Food Allergy Policy.

Legal Rights and Responsibilities

A life-threatening food allergy may be considered a disability under certain federal laws, including Section 504 of the Rehabilitation Act of 1973 (usually referred to as Section 504), the Individuals with Disabilities Education Act (IDEA), and the Americans with Disabilities Act (ADA), along with the Americans with Disabilities Act Amendments of 2008 (ADAA). If the laws are not followed, parents/caregivers can file a civil rights claim on behalf of the student.

- Section 504 of the Rehabilitation Act of 1973 (Section 504) prohibits discrimination against qualified persons with disabilities in programs or activities that receive federal financial assistance. Students with a life-threatening food allergy are generally considered eligible for protection under Section 504. Because all public schools, and many private schools, receive federal financial assistance, Section 504 is the federal law most widely used in the context of students with life-threatening food allergy.
- Individuals with Disabilities Education Act (IDEA) requires that a free appropriate public education (FAPE) be provided for individuals with disabilities when the disability affects the child's educational performance, and the child needs special education and related services because of the disability. Although students with a life-threatening food allergy are most often found eligible for accommodation or services under Section 504 rather than IDEA, it is conceivable that a life threatening food allergy could form the basis for IDEA eligibility. Some students may have both a life-threatening food allergy along with a condition that impacts educational performance, such as a hearing/visual impairment. For such students, IDEA coverage generally applies, as opposed to Section 504, and an Individualized Education Program (IEP) is developed for that particular child.
- Americans with Disabilities Act of 1990 (ADA) and Americans with Disabilities Act Amendments of 2008 (ADAA) prevents discrimination on the basis of a disability in employment, state and local government services, programs, and activities, public accommodations, commercial facilities, transportation, and telecommunications. Children with a food allergy receive protection under the ADA in locations such as child care centers, public schools, private schools, and activities run by state or local government. For public schools, Title II of the ADA is interpreted in tandem with Section 504.

Daily Management of Food Allergies for Individual Children

Parents/guardians, healthcare providers, and clinic teams should provide information and recommendations to help schools develop written plans to manage and reduce the risk of food allergy reactions in individual children.

- Emergency Care Plan (ECP) outlines the care that a student might need in an emergency situation, and is written in lay language for any school personnel to understand and use as a guide to respond to a student who is experiencing a potentially critical situation. This form should be kept in each child's school health record and may include the following: a recent photo of the child, the food allergen(s) that need to be avoided, a confirmed written diagnosis from the child's physician, and information about signs and symptoms of the child's possible reactions to known allergens. School staff having direct contact with a food-allergic student (e.g. classroom teachers, substitute teachers, food service staff, before and after school staff, bus drivers, coaches, etc.) should be familiar with the content of the ECP. See Resources for sample ECPs.
- Individual Health Plan (IHP) documents a student's health needs and outlines specific health outcome expectations. An IHP is usually written in nursing language and is commonly used to document the progress of children with an identified chronic condition such as food allergies. IHPs help manage the risk of food allergies and coordinate care with other staff (such as nutrition service staff) and health service providers outside of the school.
- Individualized Education Plan (IEP) is developed by a school district's Committee on Special Education (CSE) and the parent/guardian to meet the unique educational needs of a student with a disability. In cases where the CSE and the parent/guardian feel that the allergy is severe enough to cause acute health problems that affect the student's educational performance, an IEP may be appropriate. When a student has other disabilities that require special education services, the CSE and parent/guardian might find it helpful to address the allergy in the IEP.
- Section 504 Plan is a legal document that protects individuals with disabilities, defined as a physical or mental impairment that substantially limits one or more major life activities. A 504 Plan can be a useful tool to address accommodations that may be needed in the school setting for students with specific health needs/disabilities. The 504 Plan addresses required environmental modifications and faculty training, as well as food service requirements for a student who has a disability or medical condition. A 504 Plan is legally binding and may include an ECP. The plan must be developed by the appropriate school personnel in accordance with federal laws.

Encourage Students To Manage Their Own Food Allergies

Communication

- Parents/guardians and age-appropriate students should communicate with school staff informing them about their food allergy and provide an ECP. Parents/guardians of young children would need to communicate directly with appropriate school staff and provide an ECP.
- Students with food allergies should wear medical alert bracelets or other forms of medical identification that can aid emergency response by providing critical information. School officials should encourage students to wear medical alert bracelets or other forms of medical identification, but they cannot require them. MedAlert has a [Sponsored Services Program](#) for families with a financial need.

Elimination of food allergen(s)

- Accommodations for students with food allergies may include the need for elimination of diagnosed food allergen(s) from the classroom and other designated school spaces. If schools provide federally reimbursable meals in the classroom, certain requirements must be met. Contact the School Nutrition Programs unit at 517-373-3347 or mde-schoolnutrition@michigan.gov for guidance.
- Discourage sharing and using food as treats or rewards. Promote use of non-food rewards instead (see [Alternatives to Food Rewards handout](#) for examples).
- While it is not possible to guarantee absolute eradication of food allergens in a school setting, appropriate terminology posted on classroom doors and/or windows may be helpful and should reflect efforts in place at the school to assist in preventing allergic emergencies. This might include signs stating that this is a “peanut restricted” classroom (insert other food allergen as needed). It is best to avoid signs such as “peanut free” classroom because that may imply a guarantee and promote a false sense of security.

Medication

- When medication is required by students who have chronic health conditions, especially when medication may be lifesaving, it is best practice to encourage and assist students to become educated and competent in their own care.
- Young children cannot manage their own food allergies. Some students, especially adolescents, can take responsibility for managing their own food allergies, including carrying and using an epinephrine auto-injector.

Michigan Department of Education
Food Allergy Guidelines for Michigan Schools

- Students who can manage their own food allergies should have quick (within a few minutes) access to an epinephrine auto-injector, both at school and during school-related events.
- Schools must allow students to carry prescribed epinephrine auto-injectors (e.g., in their pocket, backpack, or purse) with written physician and parent/guardian consent. See [Section 380.1179 of the Revised School Code](#) for more information.
- While a student may be allowed to self-carry an epinephrine auto-injector, it does not mean they will be able to self-inject that medication during anaphylaxis. In the event of an anaphylactic reaction, assistance is often necessary.
- The school nurse or another assigned staff member should routinely check to make sure students are carrying their epinephrine auto-injector.

Prepare for Food Allergy Emergencies

All schools should anticipate and prepare for food allergy emergencies in the same way they approach emergency preparedness for other hazards. This plan should go beyond each child's ECP to include building-level planning, communication, training, and emergency response procedures.

- Quick access to and immediate availability of epinephrine auto-injectors to respond to anaphylaxis emergencies is essential. It is the parent/guardian's responsibility to provide at least one or two epinephrine auto-injectors for a child with food allergies if they are prescribed by a health care provider. Even when a child is approved to self-carry prescribed epinephrine auto-injectors, the family may be asked to provide an additional auto-injector to have at school.
- It is the school's responsibility to store epinephrine auto-injectors in an unlocked, safe place that can be reached quickly and easily, and to delegate and train staff to identify anaphylaxis and to give epinephrine in response to allergic emergencies. The location(s) of emergency medication should be listed in the school's emergency plan.
- Delays in using epinephrine or lack of administering epinephrine have resulted in near fatal and fatal food allergy reactions in schools. In a food allergy emergency, trained staff should give epinephrine immediately. More than one dose of epinephrine may be needed. Early and appropriate administration of epinephrine can temporarily stop allergic reactions and provide the critical time needed to get medical help. When epinephrine is used, school staff must call 911 or emergency medical services (EMS) so a student can be transported promptly to the nearest emergency department via ambulance.
- Schools should be ready to respond to severe allergic reactions in children with no history of anaphylaxis or no previously diagnosed food allergies. See [Section 333.17744a of the Public Health Code](#) and [Section 380.1179a of the Revised School Code](#) for more information.

Provide Food Allergy Professional Development for Staff

- Schools are recommended to provide food allergy/anaphylaxis staff education annually, at a minimum, prior to the start of the academic year and should be reviewed after a food allergy reaction or anaphylaxis emergency for the purpose of improving prevention and response. Training should be provided to all staff members and not just required designated staff per [Section 380.1179a of the Revised School Code](#).
- Training should include:
 - An overview of food allergies and anaphylaxis
 - How to reduce the risk of an allergic reaction
 - How to identify symptoms of anaphylaxis
 - How to respond to food allergy emergencies
 - How to properly use an epinephrine auto-injector
 - The risk of bullying toward students with food allergies

School Meal Accommodations

- USDA requires a 504 Plan, an IEP, or a doctor's statement indicating a child has a food allergy disability before food service staff in the Child Nutrition Program can make meal accommodations and provide a safe meal for the child. Meal accommodations must be made at no additional cost to the student.
- The doctor's statement can be integrated into any plan a school develops to meet a child's special dietary needs. The approved form (Medical Statement to Request Special Meals and/or Accommodations) is available on the [MDE School Nutrition Programs website](#) under the "[Special Dietary Needs](#)" section. For assistance contact the School Nutrition Programs unit at 517-373-3347 or mde-schoolnutrition@michigan.gov. Parents requesting additional 504 information should be referred to the designated 504 coordinator for their school district.

Develop Policies and Procedures to Prevent Food Allergens from Contacting other Food

- State and local health regulations provide schools with requirements governing the cleaning and sanitizing of surfaces and other practices that can protect against the unintentional transfer of residue or a trace amount of a food allergen into another food. Cleaning with water alone or with hand sanitizer gel or wipes will not remove food allergens. Cleaning with soap and water will.

Food Allergy Awareness Policies for Groups Using School Facilities Before or After Hours

- Local agencies, community groups, and community members who use school facilities before or after operating hours need to be aware of and comply with policies on food consumption, cleaning, and sanitation procedures. School districts are encouraged to address food allergies with groups utilizing the facilities before and after hours in local district policies.

Create a Positive Psychosocial Climate

- Children with food allergies need an environment where they feel secure and can interact with caring people they trust. Bullying, teasing, and harassment can lead to psychological distress for children with food allergies, which could increase their risk of an accidental exposure and possibly delay their communication of symptoms of an allergic reaction.
- If a food allergen is used during bullying to physically threaten a student allergic to that food, it could result in a life-threatening reaction. A positive psychosocial climate—coupled with food allergy education and awareness for all students, families, and staff members—can help minimize feelings of anxiety and alienation among students with food allergies.

Create and Maintain a Healthy and Safe Educational Environment

- When a child has a documented food allergy, staff should take steps to reduce the risk of exposure in all common areas such as classrooms and cafeterias. General strategies for reducing or preventing exposure to food allergens in the classroom include cleaning surfaces, using nonfood items for celebration and rewards, eliminating nonfood materials that contain food allergens (e.g., clay, paste), and preventing cross contact of allergens when meals or snacks are served in the classroom.
- If food is used in the classroom for activities or celebrations, allow only pre-packaged food items with complete, manufacturer-provided ingredient lists so that potential food allergens can be identified. Parents/guardians of students with food allergies should be informed in advance of any school events in which food will be served.
- Using soap and water or all-purpose cleaning agents, clean all surfaces that come into contact with food in kitchens, classrooms, and other locations where food is prepared or eaten. Cleaning with water alone will not remove food allergens.
- Enforce hand washing before and after eating, particularly for younger students. Use appropriate hand washing procedures that use soap and water. Hand sanitizer gel or wipes are not effective in removing food allergens.

Michigan Department of Education
Food Allergy Guidelines for Michigan Schools

Parent/Guardian Responsibilities

Before School Starts:

- Inform the school about your child's food allergy diagnosis, preferably in May prior to the start of the school year. Consider sharing information during the spring or summer before the start of the academic year. It takes time to plan and provide staff education.
- Meet with the school principal or school nurse to review existing school services or policies which support students with food allergies.
- Obtain current written documentation of the child's food allergy diagnosis and management from your child's physician each year. Important documentation includes a physician letter confirming the diagnosis with recommended school medical accommodations, a current individualized ECP, and completed school form(s) authorizing emergency medication administration. Clinics and hospitals may have their own ECP forms.
- Partner with staff/school nurse/nutrition services to develop a food allergy management plan with information from your child's health history and from your child's doctor that includes allergen avoidance strategies and emergency management customized for your child's needs. This may include an Individual Health Plan (IHP) or Section 504 Accommodation Plan.
- Generally, students with a life-threatening food allergy are recognized as having a disability under federal law.

At the Start of School:

- Submit school health forms, emergency contact information, and current medications.
- Provide a doctor's statement if school meal substitutions are necessary. The approved form (Medical Statement to Request Special Meals and/or Accommodations) is available on the [MDE School Nutrition Programs website](#) under the "[Special Dietary Needs](#)" section. For assistance contact the School Nutrition Programs unit at mde-schoolnutrition@michigan.gov or 517-373-3347.
- Provide your child with medical identification jewelry, ID card, etc., to alert school staff of your child's allergy. MedicAlert has a [Sponsored Services Program](#) for families with a financial need.
- Work with teachers to ensure safe snacks and foods are available for your child.

Michigan Department of Education
Food Allergy Guidelines for Michigan Schools

During the School Year:

- Update the school and appropriate staff on any changes in your child's plan of care or diagnosis (e.g. if your child has a new allergy or outgrows an allergy).
- Provide replacements for expired medications and/ or new medications as needed.
- Ask to be contacted about upcoming lessons, celebrations, trips, or activities involving food. Volunteer to support and attend these activities if you are able.
- Teach your child developmentally appropriate responsibilities for managing their food allergies.
- Consider the following resources and advocacy organizations.

Michigan Department of Education
Food Allergy Guidelines for Michigan Schools

Portions of these model guidelines were adapted from:

- [*Food Allergies in Schools Toolkit*](#) by Centers for Disease Control and Prevention.
- [*Making the Difference: Caring for Students with Life-Threatening Allergies*](#) by the New York State Department of Health, New York State Education Department, and New York Statewide School Health Services Center.
- [*Safe at School and Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-Threatening Food Allergies*](#) by the National School Boards Association, 2011.
- [*Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*](#) by the Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services, 2013.

Resources for Schools

Bullying Prevention

- [Prevent Bullying](#)
- [Tips for Preventing and Addressing Food Allergy Bullying](#)

Cross Contact & Safe Food Handling

- [Avoid Food Allergen: Cross Contact with Food Allergens](#)
- [National Food Service Management Institute: Food Allergy Fact Sheets](#)

Daily Management & Ingredient Labeling

- [Tips for Avoiding Food Allergens - Reading Ingredient Labels](#)
- [Label Reading Handout, Module, and Posters](#)

Field Trips

- [Field Trip Tips](#)

Food Allergy & Anaphylaxis Emergency Care Plans

- [Anaphylaxis Emergency Action Plan \(AAAAI\)](#)
- [Food Allergy & Anaphylaxis Emergency Care Plan \(FARE\)](#)
- [Emergency Anaphylaxis Plan for Stock Epinephrine \(MASN\)](#)

Individualized Health Plans & 504 Plans

- [Comparison Chart: IDEA and Section 504](#)
- [U.S. Department of Education FAQ on Section 504 and the Education of Children with Disabilities](#)

School Community Group Education

- [Anaphylaxis: Be Aware, Prepared, and Ready to Respond: Empowering PTA Parents to Help Create Safer Schools](#)
- [School Food Allergy Education Table: Content Tailored to Specific Groups](#)

School Personnel Education

- [CDC Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs](#)
- [CDC Food Allergies in Schools Toolkit](#) – includes tip sheets for:
 - [School Administrators](#)
 - [Mental Health Professionals](#)
 - [Teachers and Paraeducators](#)
 - [Transportation Staff](#)
 - [School Nutrition Professionals](#)
 - [Superintendents](#)
- [Food Allergy & Anaphylaxis Training for Michigan Schools](#)
- [Michigan Association of School Nurses Anaphylaxis & Administration of Stock Epinephrine Tool Kit](#)
- [School District Administrators: Keep Your Students with Food Allergies Safe at School](#)